115.0 1NP

PTO/SB/01 (08-03)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

Attorney Docket Number

DECERICATION		First Na	med Inventor	Slone		
DESIGN PATENT APPLICATION		.NI	COMPLETE IF KNOWN			
			COMPLETE IF ANOWN			
(37 CF	R 1.63)	Applica	tion Number			
Declaration CO	Declara		ate	1/21/2	004	
Submitted OR With Initial		ed after Initial Art Unit		1 1		
Filing	(37 ČF) require	R 1.16 (e)) Examir	er Name		——— <i>)</i>	
	Toquilo					
I hereby declare that:						
Each inventor's residence, ma	iling address, a	nd citizenship are as state	d below next to	their name.		
I believe the inventor(s) name	d balaw ta ba #	ha ariainal and furt invent	(a) a 6 4hahia	-4 44 4:-b::-	-: d d e .	
which a patent is sought on the	e invention ent	ne onginarand iirst inventi itled:	ir(s) of the subje	ct matter which is d	almed and for	
Shelter for Small Anir	nals and Pe	ets				
		(Title of the Inventi	on)			
the specification of which		(**************************************	,			
is attached hereto						
OR						
was filed on (MM/DD/)						
was filed on (MM/DD/Y	YYY) [as	United States Ap	oplication Number or	r PCT International	
And the Manufacture of the Control o						
Application Number		and was amended on (M	•		(if applicable).	
I hereby state that I have revie	wed and under	stand the contents of the	bove identified	specification, includi	ng the claims, as	
amended by any amendment specifically referred to above.						
I acknowledge the duty to di	sclose informat	tion which is material to	patentability as	defined in 37 CFR	1.56, including for	
continuation-in-part application	ns, material info ational filing da	ormation which became a	vailable betweer	n the filing date of t	he prior application	
and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent,						
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one						
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign						
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing Date	Prio	rity Certifie	d Copy Attached?	
Number(s)	Country	(MM/DD/YYYY)	Not Cla			
	,		l F			
	·			7 7		
				┥		
				」		
				7 I 🗆		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent Application

		304	80		OR		Corres	spondence address below	
Name									
Address									
City			s	State					ZIP
Country		Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		\ petit	tion ha				s unsig	ned inventor
Given Name (first and middle [if any]) Margaret					F	amily N Surna one	lame		
	rangaret	t Slone	<u></u>						Date X 1-21-04
Residence: City	State		Tc	Country Citiz		Citize	nship		
Glen Ellen	CA	CA		USA USA					
Mailing Address 15161 Burbank Drive									
City	State			ZIP		Country			
Glen Ellen	CA			95	442				USA
NAME OF SECOND INVENTO	R:				A pe	tition h	as bee	n filed 1	for this unsigned inventor
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature							, <u>, , , , , , , , , , , , , , , , , , </u>		Date
Residence: City	State		C	country				Citizer	nship
Mailing Address									
City	State			ZII	P	•		Count	ту
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

Please type a	plus sign (+) inside this box	 ī
riease type a	pius sign (+) inside inis box	1+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Slone	
Title		
Group Art Unit		
Examiner Name		
Attorney Docket Number	115.01NP	

I hereby appoint:					
Practitioners at Customer Number 30480 OR Practitioner(s) named below:					
	Name Registration Number				
as my/our attorney(s) o	r agent(s) to prosecute the application id	entified above, and to transact all			
business in the United	States Patent and Trademark Office con	nected therewith.			
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here					
Firm <i>or</i> Individual Name					
Address					
Address					
City	S	State Zip			
Country					
Telephone	L F	ax			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Margaret Slone					
Signature X margaret Sone					
Date \(i - 21 - 04					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total of forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.